

# Parks & Recreation



different age

in the United

world in over

on a variety of

soccer.

# **FUTSAL 2015**

Indoor Soccer: Weekly practices, round robin games and skill development. Join any of the five groups, all with GREAT COACHES! United States FUTSAL (USFF) has been Governing the sport of FUTSAL States since 1981. FUTSAL is the way the world plays indoor soccer. It is played on all the continents of the 100 countries by more than 12 million players. FUTSAL is played on a basketball-size court. It can be played surfaces. The game does not require the use of expensive dasher board - walls, as do other versions of indoor Without the walls, FUTSAL is a great skill-developer, demanding quick reflexes, fast thinking, and pin-point passing. It is an exciting game for children as well as adults. Great soccer superstars such as Pele, Zico and Socrates grew up playing the game and credit Futsal with developing their skills. FUTSAL is played with a special low bounce ball, requiring players to use their skills,

rather than the ball's bounce, to propel it. Check out www.futsal.com for additional information on the national program.



## **Futsal MS Boys Clinic**

#### Coach: Paul deCastro

Middle School Grades 6-8

Dates: Wednesdays, Jan 21-Feb 18

**Time**: 7:30-8:45PM

**Location:** Mystic Middle School

Fee: \$45 Res / \$65 Non Res (max of 16)



## **Futsal HS Boys Clinic**

#### Coach: Jeff Cullen

High School Grades: 9-12 Dates: Tuesdays, Jan 13-Feb 10

**Time**: 7:30-8:45PM

Location: Mystic Middle School

Fee: \$45 Res / \$65 Non Res (max of 16/)



## **Futsal HS Girls Clinic**

### Mario Costa & Jeff Lewis

High School Grades: 9-12

Dates: Thursdays, Jan15-Feb12

**Time**: 7:30-8:45PM

**Location:** Mystic Middle School

Fee: \$45 Res / \$65 Non Res (max of 16)

# **Futsal MS Girls Clinic**

#### Dave Walsh, Pat McCarney & John Kam

Middle School Grades 6-8

Dates: Mondays, Jan 12-Feb 23

**Time**: 7:00-8:15 PM (no clinic 1/19, 2/16)

**Location:** Mystic Middle School

**Fee**: \$45 Res / \$65 Non Res (max of 16)

### PROGRAM REGISTRATION

Registration for all programs takes place at the Stonington Human Services office at 166 South Broad Street, Pawcatuck, CT 06379, Monday-Friday between 9AM-4:30 PM, by mail OR outdoor drop box after normal business hours. Completed registration form and payment are required at the time of program registration. FIRST COME, FIRST SERVED! So register early—we anticipate full classes. For additional questions please feel free to contact Parks and Recreation.

# **Grades 3-5 Boys/Girls Clinic**

Pat McCarney, Mike Allen

& Special Guests Presenters

Dates: Fridays, Jan 16-Feb 24

Girls: 7:00-8:15 PM **Boys**: 8:15-9:30 PM

**Location:** Mystic Middle School

Fee: \$45 Res / \$65 Non Res (max of 16)



#### 166 South Broad Street – Pawcatuck, CT 06379 (860) 535-5015 - Phone (860) 599-8290 - Fax

www.stonington-ct.gov

# Youth Program Registration

Program(s):				
How did you he	ear about our program?			
		<u>Child</u>		
Name:			Nicknan	ne:
Birthday:		Gender:	Home Ph	one:
Street Address:		Cit	ty:	ST: Zip:
Grade:(Current grade	School: OR for summer program	ns, grade entering in	n Fall)	<del>-</del>
Child Lives With	າ:	Relationship	o:	
		Parent(s)/Gua	rdian(s)	
Name:	ame: Primary Contact #:			
Workplace:			Work#	Cell#:
Would you like	to receive email notices	? Email:		
Name:			_ Primary Co	ontact #:
Workplace:			_ Work#	Cell#:
Would you like	to receive email notices	? Email:		
If child's parents	s legally separated or div	vorced, who is the o	custodial pare	ent?
If sole custody,	please note any special o	considerations regar	ding child(re	n):
		Emergency C	<u>ontacts</u>	
Pl		o emergency contac authorized to pick (	•	d phone numbers, who are l:
<u>Name</u>	<u>Address</u>		<u>Phone</u>	Relationship to Child
1.)				
2.)				
,				
3.)				



#### Health

Health Insurance: Ye	es No	Plan:
Child's Physician:		Phone:
Physical Limitations:		
Developmental Conside	rations:	
Does your child have an your child's success within		If yes, please call (860) 535-5015 to arrange for a support plan to ensure Services programming.
	*Please returr	n completed medication self-administration form
data of participants in o way. This required info only.	ur programs. You rmation is for stat	the Connecticut State Department of Education to report statistical ur child/children's name(s) will not be released or publicized in any te funding purposes only. The state received numerical information veys related to the quality and content of Stonington Human Services
Stonington Human Serv ment.	ices reserves the r	ight to take photographs to be used in publications for the Depart-
and consent and agree t administrators, and lega ton and its agents, serva	o the release set f I representatives, ints, or employees tramming includin	lerstand this waiver, hold harmless agreement, and release of liability, forth above, and for myself, my heirs, assigns, successors, executors, agree to defend, indemnify, and hold harmless the Town of Stonings, from any and all claims, suits, or demands by anyone arising from ag claims of negligence on the part of the Town of Stonington and its
Printed Name:		Date:
Signature:		

Forms should be returned, with payment, to: Stonington Human Services, 166 South Broad Street. Pawcatuck, CT 06379. Office Hours: Monday-Friday, 9:00AM-4:30PM. Forms may be placed, with payment, in the lockbox located on the Human Services building, to the left of the entrance. Checks can be made payable to Stonington Human Services. Credit cards are accepted, however a convenience fee applies.

#### **REFUND POLICY:**

Refunds will be granted in full if notification is given to the Department of Human Services **2 weeks** prior to the first day the program starts. Exceptions will be made if there is a waiting list for a program/trip. A full refund or credit will be granted if Stonington Human Services cancels a program.